



JPW 1617

Atty. Dkt. No. NB 2019.00 (060925-1900)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: H. Michael SHEPARD

Title: METHODS TO TREAT
AUTOIMMUNE AND
INFLAMMATORY
CONDITIONS

Appl. No.: 10/051,320

Filing Date: January 18, 2002

Examiner: Kim, Jennifer M.

Art Unit: 1617

Confirmation 8000
No.

<p>CERTIFICATE OF MAILING</p> <p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date below.</p> <p><u>Rene Campos</u> (Printed Name)</p> <p><u>[Signature]</u> (Signature)</p> <p><u>September 2, 2005</u> (Date of Deposit)</p>

AMENDMENT TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[X] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.

[X] Information Disclosure Statement with Form PTO/SB/08 is enclosed.

[X] The fee required for additional claims is calculated below:

	Claims As Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	18	- 20 =	0 x	\$50.00 =	\$0.00

Independent Claims:	1	-	3	=	0	x	\$200.00	=	\$0.00
First presentation of any Multiple Dependent Claims:						+	\$360.00	=	\$0.00
CLAIMS FEE TOTAL								=	\$0.00

☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/> Extension for response filed within the first month:	\$120.00	\$0.00
<input type="checkbox"/> Extension for response filed within the second month:	\$450.00	\$0.00
<input checked="" type="checkbox"/> Extension for response filed within the third month:	\$1,020.00	\$1,020.00
<input type="checkbox"/> Extension for response filed within the fourth month:	\$1,590.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fifth month:	\$2,160.00	\$0.00
EXTENSION FEE TOTAL:		\$1,020.00
<input type="checkbox"/> Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$130.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$1,020.00
<input checked="" type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):		\$510.00
<input checked="" type="checkbox"/> Information Disclosure Statement		\$180.00
TOTAL FEE:		\$690.00

☒ Please charge Deposit Account No. 50-0872 in the amount of \$690.00. A duplicate copy of this transmittal is enclosed.

☐ A check in the amount of \$690.00 is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872. If any extensions of time are needed for timely acceptance of papers

submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date September 2, 2005

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1530 Page Mill Road
Palo Alto, California 94304-1125
Telephone: (650) 251-1129
Facsimile: (650) 856-3710

By Antoinette F. Konski

Antoinette F. Konski
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